STANDARD FORM OF SOP



SF 7.1C: Certificate for employment location

(Letter head of the employer/Address of the employer)

Certificate for location of employment
То
(Mention name of the candidate, training centre address)
This is to certify that, Mr/Ms(Name of the candidate)
working as (Designation) is working at (posting area). The place is:
Within the district of (mention the candidates district here)
Within the state of (mention the candidates state here) but outside the district of (mention the candidates district here)
 Outside the state of (mention the candidates state here) Outside the country of (mention the candidates country here)
(Employer should circle the correct item and strike out items which are not applicable)
Yours sincerely,
(Signature and name of the employer or person representing him)
(Seal of the company)

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I agree with the information provided regarding location of my place of employment.
Name :
Signature:
Date:
(Note: For every change of employment location this form has to be submitted)